

10/645980

cogc

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Patent Number	6,893,397
	Issue Date	May 17, 2005
	First Named Inventor	Bardy, Gust H.
	Art Unit	3762
	Examiner Name	Layno, Carl
Total Number of Pages in This Submission	Attorney Docket Number	020.0336.US.CON

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard Certificate of Correction Certificate of Correction Transmittal Letter Certificate NOV 02 2005 of Correction
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Law Offices of Patrick J.S. Inouye		
Signature			
Printed name	Patrick J.S. Inouye		
Date	October 25, 2005	Reg. No.	40297

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Natalia Li-Chapman	Date	October 25, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

In you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

NOV - 2 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Bardy, Gust H.

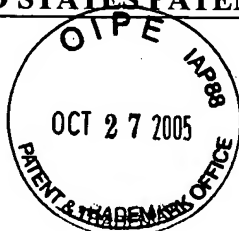
Patent No.: 6,893,397

Issued: May 17, 2005

Title: System And Method For Determining A
Reference Baseline Of Patient Information
For Automated Remote Patient Care

Attorney Docket No.: 020.0336.US.CON

Commissioner for Patents
Alexandria, VA 22313-1450



Group Art Unit: 3762

Examiner: Layno, Carl

CERTIFICATE OF CORRECTION TRANSMITTAL LETTER

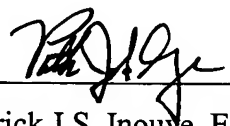
Sir:

Enclosed herewith please find a Certificate of Correction, submitted to correct errors in the published patent. Typographical errors appear in Column 19, line 53; Column 20, lines 22, 55, and 64; Column 22, line 28; Column 24, lines 22 and 59; Column 25, line 27; Column 26, line 62; and Column 27, lines 25 and 63.

No fee is enclosed, as the typographical errors were made by the U.S. Patent and Trademark Office.

Acceptance and publication of the Certificate of Correction are respectfully requested. Please contact the undersigned at (206) 381-3900 regarding any questions or concerns associated with the present matter

Respectfully Submitted,

By 
Patrick J.S. Inouye, Esq.

Attorney/Agent for Applicant(s)

Reg. No. 40297

Date: October 25, 2005

Telephone No.: (206) 381-3900

NOV - 9 2005

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.
(Also Form PTO-1050)

UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION

PATENT NO. : 6,893,397
DATED : May 17, 2005
INVENTOR(S) : Bardy, Gust H.

It is certified that error appears in the above-identified patent and that said Letters Patent
is hereby corrected as shown below:

Column 19.

Line 53, "ence measure being representative of at least one of" should read -- ence measure being representative of at least one of --.

Column 20.

Line 22, "cam record for the individual patient; and" should read -- care record for the individual patient; and --;

Line 55, "output, oxyegenation, pulmonary measures, body" should read -- output, oxygenation, pulmonary measures, body --;

Line 64, "10. A method according for determining a reference" should read -- 10. A method for determining a reference --.

Column 22.

Line 28, "code for receiving die collected device measures set from" should read -- code for receiving the collected device measures set from --.

Column 24.

Line 22, "individual patient within the database end storing the" should read -- individual patient within the database and storing the --;

Line 59, "of life measures in the reference measures set end" should read -- of life measures in the reference measures set and --.

Column 25.

Line 27, "cal tests, central nervous system (CNS) blood flow, arid time" should read -- cal tests, central nervous system (CNS) blood flow, and time --.

Column 26.

Line 62, "determining relative abnormal exercise response based an" should read -- determining relative abnormal exercise response based on --.

Column 27.

Line 25, "each reference measure being representative of a least" should read -- each reference measure being representative of at least --;

Line 63, "patient subsequent to the initial time period which ii" should read -- patient subsequent to the initial time period which is --.

MAILING ADDRESS OF SENDER:
Law Offices of Patrick J.S. Inouye
810 Third Ave., Ste 258
Seattle, WA 98104

PATENT NO: 6,893,397

No. of additional copies



This collection of information is required by 37 CFR 1.322, 1.323, and 1.324. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.0 hour to complete, including gathering, preparing, and submitting the completed application for to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Attention Certificate of Corrections Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

NOV - 7 2005